In Cheshire:

13.1% or nearly 24,300 children and young people aged between 0-24 years are estimated to have a mental health disorder including:

- 7.7% (about 2,900 children) aged 0-4 years
- 7.7% (nearly 3,600 children) aged 5-10 years
- 11.5% (about 5,400 young people) aged 11-16 years
- 19.9% (about 12,400 young people) aged 17-24 years

Data Source: Mental Health of children and young people in Great Britain, 2004 prevalence applied to local 2015 population projections

Additional JSNA sections have been produced for self-injury and perinatal mental health. An autism section is being drafted.

Contents

Mental wellbeing..... Page 2
Common mental health problems..... Page 5
Geographical variations in estimated need..... Page 7
Service delivery..... Page 8
Responding to the needs of young people ..... Page 9
Counselling in schools..... Page 10
Service referrals..... Page 11
Variations in need compared to CAMHS access..... Page 16
CCG transformation plans ..... Page 17
Assets ..... Page 18
New approaches to care and support..... Page 19
Advice for commissioners and opportunities for improvement..... Page 21
Further information ..... Page 22
Appendix..... Page 23

Key messages:

- The most common mental health problems among children and young people are conduct disorders, emotional disorders (anxiety and depression) and ADHD/hyperkinetic disorders. Self-injury is common among teenagers.
- Young people have raised significant concerns about variations in the types of mental health support that are currently being provided by schools. The development of high quality counselling and support services for young people is an important need, and would benefit from a robust survey of current provision in schools and colleges
- Mental health services for young people in Cheshire are characterised by a complex system of provision, and care is being provided by NHS consultants from three specialities – CAMHS, Community Paediatrics, and Adult Psychiatry. The key requirements are to reduce teenage referrals to specialist services, and then to restructure existing capacity to improve access for very young children
- A range of voluntary, community and faith sector (VCFS) organisations are available across Cheshire offering emotional support, counselling and practical advice in relation to mental health conditions
- NHS services in Cheshire are largely unable to provide robust information about their diagnostic workload and clinical outcomes. VCFS services are generally able to provide better information about case-mix and outcomes

*For the purposes of this needs assessment, Cheshire refers to Cheshire East and Cheshire West and Chester local authority areas.

To achieve the best mental health outcomes for children, we must first encourage the best possible emotional care for pregnant women. A variety of life's circumstances can cause stress, anxiety or depression during pregnancy, and this can affect the development of the unborn baby's cognitive (mental) abilities. Ensuring appropriate personalised support for each woman during her pregnancy has the potential to prevent the occurrence of mental health problems in around 10-15% of children.

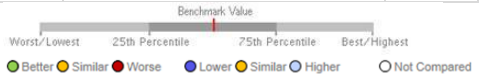
See the Perinatal Mental Health JSNA

Mental wellbeing can be defined as "feeling good and functioning well". It is often described as a combination of a child or young person's experiences (such as happiness and satisfaction) and their ability to function as an individual and as a member of society. Mental wellbeing is of particular importance in very young age groups, as experiences in infancy and the first five years of life have a lasting impact upon a child's mental wellbeing. Taking actions to improve mental wellbeing in this age group will deliver gains across their whole life course.

Some children are at greater risk of developing mental health problems than others. We know that their chances of developing mental health problems are mediated by a balance of risk and protective factors that can be particular to the child, or may relate to circumstances in their family or their community.

Cheshire East

Indicator	Cheshire East Value	England value	England Worst/ Lowest	Best/ Highest
Children with good level of development at end of reception	68.4%	66.3%	50.7%	77.5%
Children eligible for free school meals with good level of development at end of reception	48.7%	51.2%	37.8%	70.8%
Year 1 pupils with expected level in phonics in screening check	81.2%	76.8%	69.5%	86.5%
Year 1 pupils eligible for free school meals with expected level in phonics	66.0%	64.7%	51.0%	78.7%
Emotional wellbeing of looked after children	13.5	13.9	8.7	18.0



Cheshire West and Chester

Indicator	Cheshire West and Chester Value	England value	England Worst/ Lowest	Best/ Highest
Children with good level of development at end of reception	68.8%	66.3%	50.7%	77.5%
Children eligible for free school meals with good level of development at end of reception	49.6%	51.2%	37.8%	70.8%
Year 1 pupils with expected level in phonics in screening check	77.4%	76.8%	69.5%	86.5%
Year 1 pupils eligible for free school meals with expected level in phonics	61.8%	64.7%	51.0%	78.7%
Emotional wellbeing of looked after children	12.8	13.9	8.7	18.0

The Early Years Foundation Stage (EYFS) Profile is a teacher assessment of children's development at the end of the academic year in which the child turns five. These assessments are based primarily on observation of daily activities and events, and they take account of a range of perspectives including those of the child, parents and other adults who have significant interactions with the child. The Profile helps Year 1 teachers to plan a curriculum that meets the needs of all children. It also informs parents or carers about their child's development against the Early Learning Goals (ELGs).

Although most children in Cheshire have a better level of development at the end of their reception year than their peers in England, this is not the case for children who are eligible for free school meals, whose level of development lags well behind both at the end of reception and in the Year 1 phonics screening check. The emotional wellbeing of looked after children is also lower than expected.

Advice for Commissioners

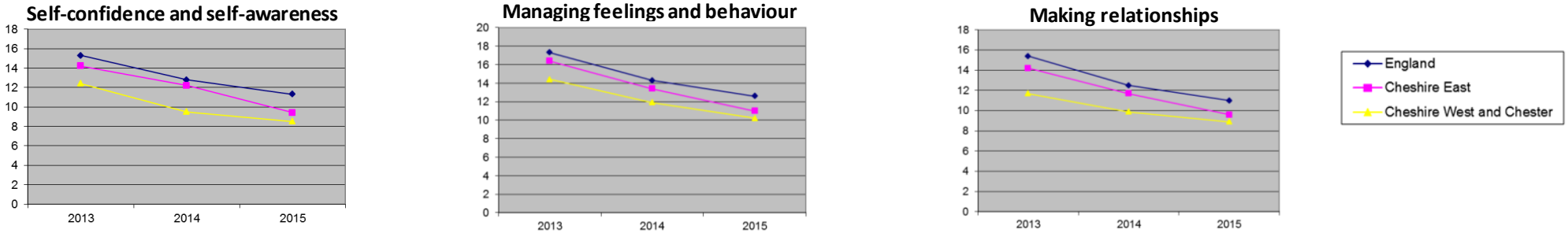
- Review performance and outcomes of existing Early Years initiatives for children who are eligible for free school meals
- Improve the emotional wellbeing of looked after children

Personal, social and emotional development involves helping children to develop a positive sense of themselves and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities. The three associated goals are as follows:

- **Self-confidence and self-awareness:** children are confident to try new activities, and to say why they like some activities more than others. They are confident to speak in a familiar group, will talk about their ideas, and will choose the resources they need for their chosen activities. They say when they do or do not need help
- **Managing feelings and behaviour:** children talk about how they and others show feelings, talk about their own and others' behaviour, and its consequences, and know that some behaviour is unacceptable. They work as part of a group or class, and understand and follow rules. They adjust their behaviour to different situations, and take changes of routine in their stride
- **Making relationships:** children play cooperatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to others' needs and feelings, and form positive relationships with adults and other children

The teacher's assessment of these three goals represents an important measure of a child's current mental wellbeing, and is likely to predict some children's future risk of mental ill-health. Children who are having significant difficulties in managing their own behaviour, or those who are unable to forge effective relationships with others, may already be experiencing common mental health disorders such as conduct disorder or autism spectrum disorder.

Percentage of children not reaching the expected level of development at the end of reception



Data Source: SFR 36/2015: Early Years Foundation Stage Profile results in England, 2015

The charts show that there have been improvements in young children's personal, social and emotional development since 2013 in both Local Authority areas. This is a very welcome finding and suggests that Early Years initiatives are having a positive impact on mental wellbeing. If these improvements can be sustained, it is likely that there will be corresponding reductions in the number of primary school age children who develop mental health problems, followed by a decline in their need for mental health services over the longer-term.

Advice for Commissioners

- Maintain a comprehensive range of Early Years initiatives that are accessible to young children in all geographical areas
- Commission selective prevention programmes for young children at high risk of conduct disorder
- Provide treatment programmes for children with autism spectrum disorder, ADHD and conduct disorder

The teenage years are a crucial time for influencing health and wellbeing in later life. The What About YOUth 2014 survey provided new insights into the mental wellbeing of 15 year olds across Cheshire. Some of the key results from the survey are illustrated here.

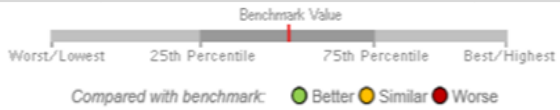
Cheshire East is in the best quartile nationally for three indicators (healthy eating, thinking they're the right size, and mental wellbeing), but is in the worst quartile for long-term illness, and being drunk in the last 4 weeks.

Cheshire West and Chester is in the best quartile nationally for three indicators (physically active, thinking they're the right size, and life satisfaction).

In early adolescence, there is a second opportunity to improve mental wellbeing. The proportion of young people with low levels of subjective wellbeing nearly doubles between the ages of 11 and 15, with the lowest levels being at around 14 to 15 years. Research[1] has found that rather than being a result of the physical and hormonal changes often experienced by this age group, this dip in mental wellbeing is the result of social factors and is therefore responsive to changes in circumstances. These factors include substance use, excessive computer gaming, home dynamics and support, and a secure environment at school that is free from bullying and classroom disruption.

Cheshire East

Indicator	Cheshire East Value	England value	England Worst/ Lowest	England Best/ Highest
Long-term illness	15.9%	14.1%	18.6%	9.2%
3 or more risky behaviours	15.2%	15.9%	23.8%	3.2%
Eat at least "5 a day"	53.7%	52.4%	39.9%	67.6%
Physically active	14.7%	13.9%	8.3%	18.8%
Regular smokers	4.5%	5.5%	11.1%	1.3%
Been drunk in the last 4 weeks	19.1%	14.6%	27.0%	2.6%
Think they're the right size	54.1%	52.4%	46.5%	57.1%
Mental wellbeing score	48.0	47.6	45.4	48.9
Low life satisfaction	12.8%	13.7%	19.1%	9.5%



Cheshire West and Chester

Indicator	Cheshire West and Chester Value	England value	England Worst/ Lowest	England Best/ Highest
Long-term illness	13.3%	14.1%	18.6%	9.2%
3 or more risky behaviours	15.2%	15.9%	23.8%	3.2%
Eat at least "5 a day"	53.7%	52.4%	39.9%	67.6%
Physically active	16.2%	13.9%	8.3%	18.8%
Regular smokers	5.1%	5.5%	11.1%	1.3%
Been drunk in the last 4 weeks	14.3%	14.6%	27.0%	2.6%
Think they're the right size	55.3%	52.4%	46.5%	57.1%
Mental wellbeing score	47.6	47.6	45.4	48.9
Low life satisfaction	12.3%	13.7%	19.1%	9.5%

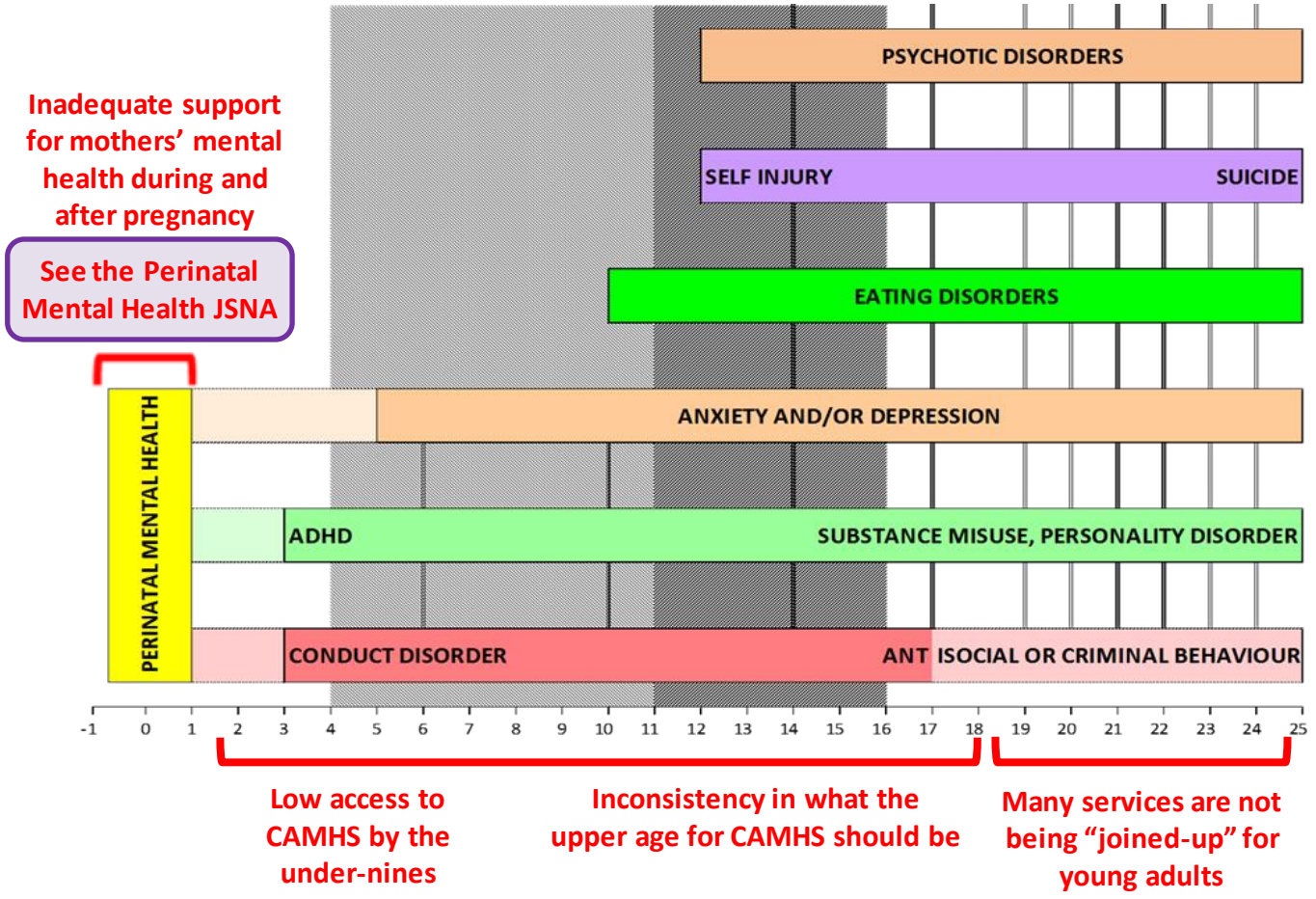
The What About YOUth 2014 survey was based on a random sample of 15 year old pupils, and collected data on a wide range of topics including general health, diet, use of free time, physical activity, playing computer games, sleep, smoking, drinking, emotional wellbeing, drugs and bullying.

Advice for School Commissioners

- Reduce school bullying and provide support for sexual orientation and other worries
- Encourage active participation of pupils in sports and other forms of regular exercise
- Support parents to promote good sleep patterns and reduce gaming and social communication at night time

[1]Chanfreau, J. et al (2013) Subjective wellbeing in young people. Chapter 4 in Predicting wellbeing. NatCen Social Research

The most common mental health problems among children and young people are conduct disorders, emotional disorders (anxiety an d depression) and ADHD/hyperkinetic disorders. Self-injury is particularly common among teenagers. Less common disorders include eating disorders, tic disorders and autism spectrum disorder. They can all have a devastating effect on young people and their families. Some of these problems are illu strated in the following diagram, and others are shown in greater detail in the coloured boxes on the next page.



The key needs that have been identified by this Cheshire needs assessment and the literature review are shown in red font.

In Cheshire, only 2-4% of self-injuries by young people aged 13-18 years lead to presentation to health services

See the Self-injury JSNA

The diagram also illustrates the strong interrelationships between different mental health problems. Children and young people may commonly experience two or three different mental health problems at the same time.

Occurrence of common mental health problems in Cheshire (Local Authority and CCG figures are in the Appendix)

Cheshire East JSNA

Cheshire West and Chester JSNA

PERINATAL MENTAL HEALTH

2,275 to 3,727 women affected in pregnancy and the year after birth

Most problems arise in pregnancy
Serious mental health problems affect around 3-4% of women but 30-40% experience some disorder
110 women experience severe depressive illness and 15-20 have other serious mental illnesses
Poor outcomes also affect the child

CONDUCT DISORDER

6,194 affected age 3-16
515 new onsets annually

The most common mental disorder
Peak onset is around 2-3 years
Affects 7% boys and 3% girls<10, and 8% boys and 5% girls over 11
Effective treatment is available
Strongly linked to depression and antisocial behaviour in youth
If untreated, can persist in adults

PSYCHOTIC DISORDERS

332 affected age 12-24
31 new onsets annually

Schizophrenia affects 1 in 1000 aged 12 and over. More common in males
Crisis support (home, hospital), social support, antipsychotic medication
Relapsing course and poor outcomes
Bipolar disorder affects 3 in 1000 aged over 15, sometimes younger. Treat with lithium or other mood-stabilisers

EATING DISORDERS

557 affected age 10-19
47 new onsets annually

Female to male ratio around 10:1
Peak incidence is 15-19 in females and 10-14 in males
Depression occurs in 50-75% of cases
CBT and family interventions
New access and waiting time standard of 4 weeks for routine cases and 1 week for urgent cases

ADHD

2,573 affected age 3-24
128 new cases annually

Severe ADHD starts around 2-3 years, ADHD involving attention difficulty starts up to 7-9 years
Many children with ADHD have speech/reading/writing difficulties
Commonly associated with conduct disorder, anxiety and depression
If untreated, can persist in adults

ANXIETY DISORDERS

5,793 affected age 5-24
290 new onsets annually

Includes anxiety and panic disorders, and phobias
Onset from around 7 years but older for some types of disorder
Often unrecognised and untreated
Commonly associated with ADHD, depression, and conduct disorder
Drug treatments usually beneficial

LEARNING DISABILITY

6,238 young people age 0-24 have LD
2,249 will have a MH problem

6 times higher risk of mental health problems (eg. anxiety, conduct, autistic spectrum) than peers without LD
Mental health problems can be reduced by better awareness, tailoring treatment, and reducing poverty and social exclusion
Moderate LD is often underdiagnosed so MH problems may go unrecognised

TOURETTE SYNDROME

1,110 affected age 5-18

Affects 0.5-2% children at some time
Repetitive involuntary vocal and motor movements ("tics")
Onset in early childhood
Usually resolves by late adolescence
Habit reversal behavioural intervention may reduce severity in very severe cases

DEPRESSIVE DISORDERS

5,879 affected age 5-24
294 new onsets annually

2% of children age 5-12
Marked rise in early adolescence to over 5%, especially among girls
Commonly associated with anxiety and disruptive behaviour
Often inadequately or not treated
Increases depression in adulthood

SELF-INJURY BEHAVIOUR

4,347 affected age 12-24
13,894 self-injuries annually

Rare before age 12 but rises to 15% of girls and 5% of boys age 15-16
Brings relief from terrible feelings
Suicidal thoughts are common and increase with repetitive self-injury
Falls to 2% in both genders age 20+ but lethality of self-injury increases

AUTISM SPECTRUM DISORDER

97 babies affected each year

Present from birth in 1.5% of children. Half have autism. Most of the others have Asperger Syndrome
Can be diagnosed around age 1-2
Behavioural treatments are effective from age 1-2 onwards
At higher risk of depression / ADHD
36% under-recording of autism disorder in Cheshire East in 2015

SUBSTANCE USE DISORDERS

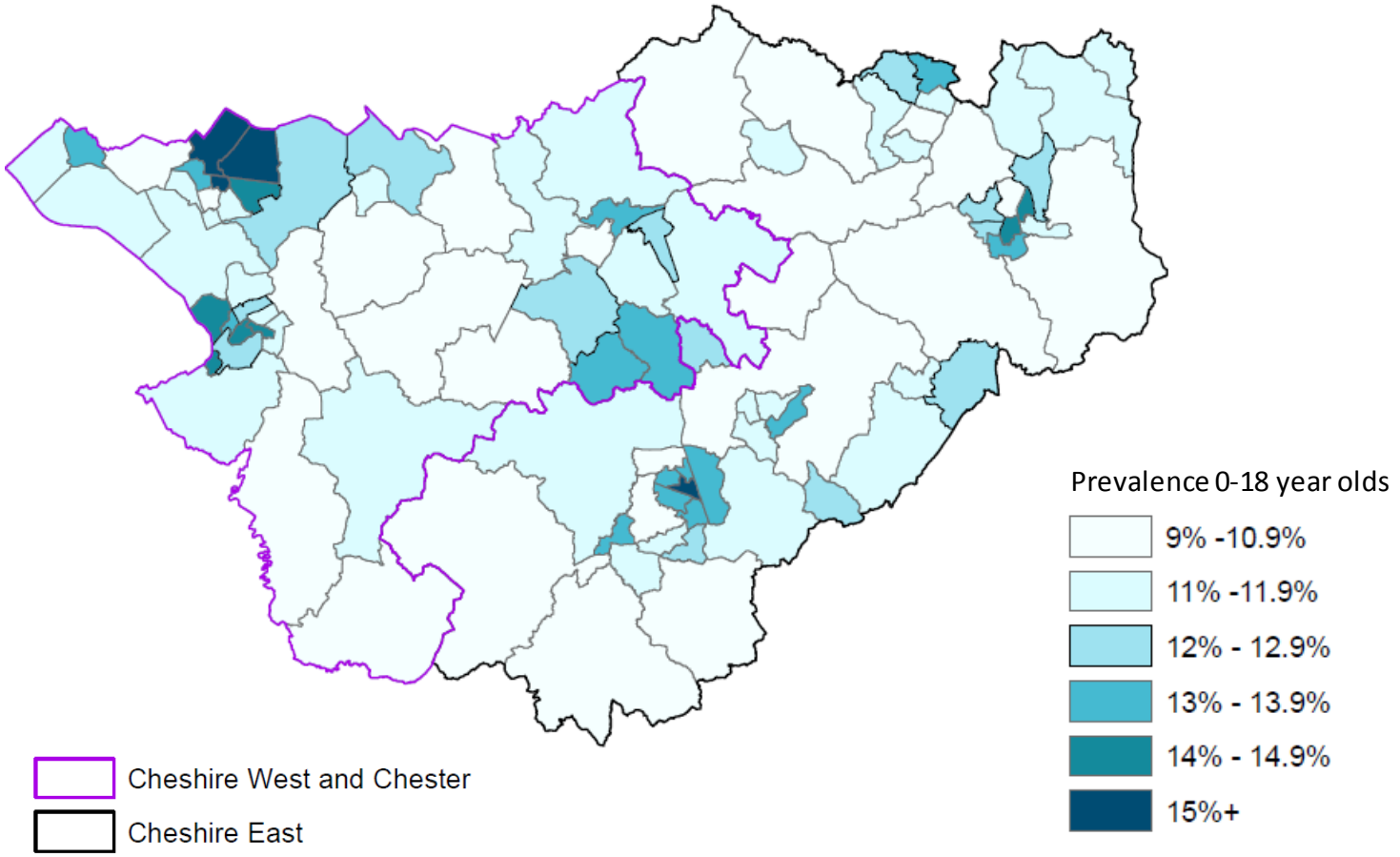
6,070 age 11-15 have tried drugs
21,600 age 16-19 'lower-risk' drinkers

Common in adolescence
Often co-exists with other vulnerabilities
Early specialist assessment and treatment is of benefit, particularly for lower level use to avoid risk of progression
Associated with self-injury behaviour

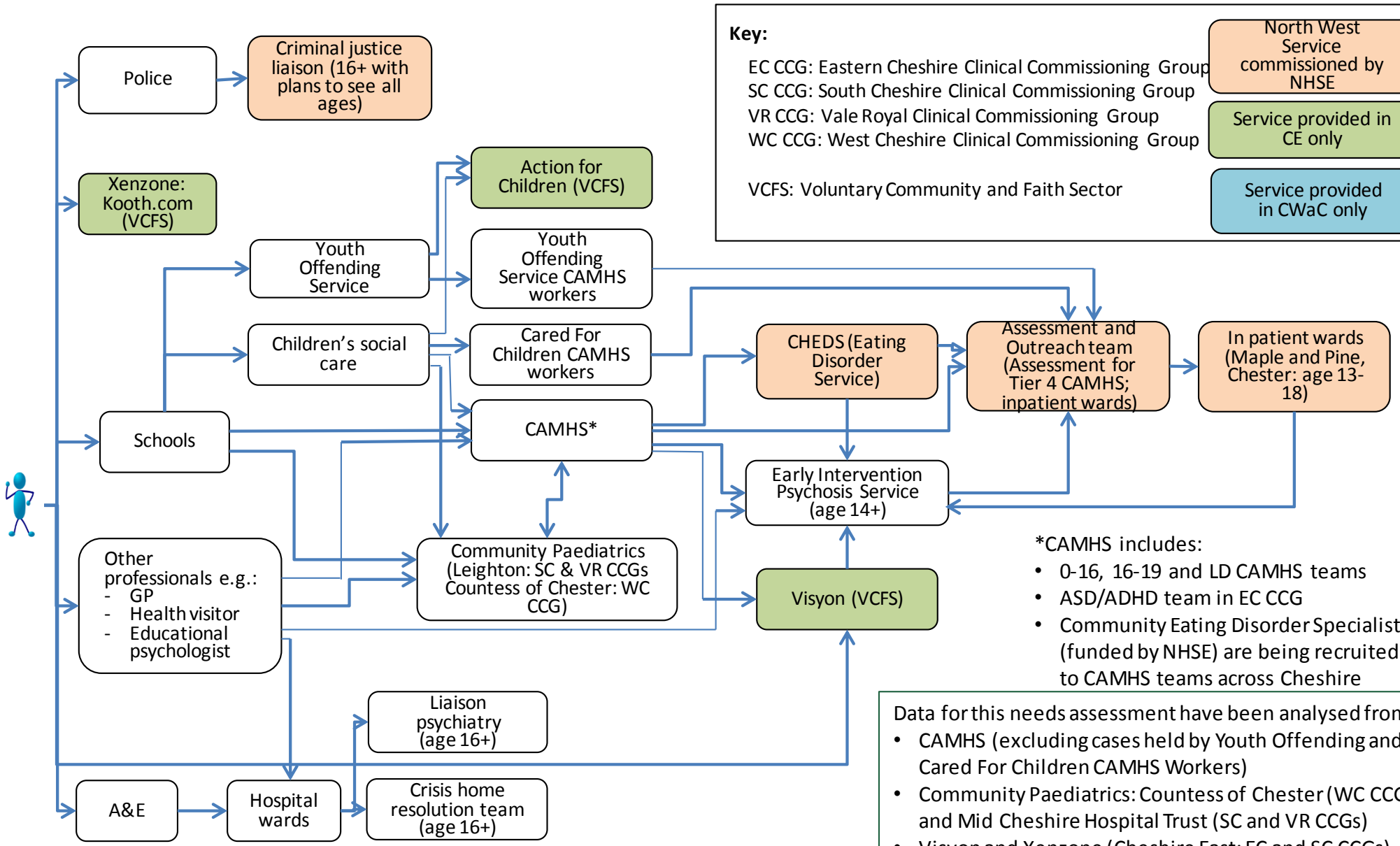
Young people in all areas of Cheshire experience mental health problems. There are no areas where the occurrence of mental health disorders in children and young people under-18 is thought to be below 9%. This map weights need according to how many children are living in a lone parent family, which was shown in the 2004 national morbidity survey to be strongly associated with higher levels of mental illness.

The map draws attention to **Ellesmere Port** and **parts of Chester**, **Crewe** and **Macclesfield** as areas where children and young people are likely to have a higher occurrence of mental health needs. In these areas the occurrence of mental illness in children may be up to 50% higher than in other parts of Cheshire.

Estimated prevalence of mental health disorders by Cheshire electoral wards (0-18 year olds)



Data sources: prevalence estimates taken from: Green et al, Mental health of children and young people in Great Britain, 2004 and data about family structure from the 2011 Census. Contains Ordnance Survey data ©Crown and copyright database rights 2016. License no: 100049046.


Key:
EC CCG: Eastern Cheshire Clinical Commissioning Group
SC CCG: South Cheshire Clinical Commissioning Group
VR CCG: Vale Royal Clinical Commissioning Group
WC CCG: West Cheshire Clinical Commissioning Group
VCFS: Voluntary Community and Faith Sector
North West Service commissioned by NHSE
Service provided in CE only
Service provided in CWaC only
Police
Criminal justice liaison (16+ with plans to see all ages)
Xenzone: Kooth.com (VCFS)
Action for Children (VCFS)
Youth Offending Service
Youth Offending Service CAMHS workers
Children's social care
Cared For Children CAMHS workers
CHEDS (Eating Disorder Service)
Assessment and Outreach team (Assessment for Tier 4 CAMHS; inpatient wards)
In patient wards (Maple and Pine, Chester: age 13-18)
Schools
CAMHS*
Early Intervention Psychosis Service (age 14+)
Other professionals e.g.:
- GP
- Health visitor
- Educational psychologist
Community Paediatrics (Leighton: SC & VR CCGs Countess of Chester: WC CCG)
Visyon (VCFS)
Liaison psychiatry (age 16+)
A&E
Hospital wards
Crisis home resolution team (age 16+)
*CAMHS includes:
• 0-16, 16-19 and LD CAMHS teams
• ASD/ADHD team in EC CCG
• Community Eating Disorder Specialists (funded by NHSE) are being recruited to CAMHS teams across Cheshire
Data for this needs assessment have been analysed from:
• CAMHS (excluding cases held by Youth Offending and Cared For Children CAMHS Workers)
• Community Paediatrics: Countess of Chester (WC CCG) and Mid Cheshire Hospital Trust (SC and VR CCGs)
• Visyon and Xenzone (Cheshire East; EC and SC CCGs)

Key findings from engagement with young people

In early 2016, Eastern Cheshire and South Cheshire CCGs commissioned STITCH Ltd to engage with 11-19 year olds across Cheshire East. Nearly 94% of the 369 questionnaire respondents (and all of the focus group respondents) attended school or college and as such were in a supported setting. Some of the findings relate to the "Coping" and "Getting Help" states of wellness in the THRIVE approach (outlined later in this JSNA section) and include:

- Overwhelming need for more support for mental health issues in schools
- Negative experiences around mental health in schools
    - No agreed approach to mental health issues in schools: teacher/pastoral staff reactions are inconsistent.
    - Pupils feeling undervalued and fearing indiscreet or inappropriate responses
    - Designated 'Wellbeing areas' having negative perceptions and are age-inappropriate
    - Confusion amongst pupils about school support services
    - Inconsistent approaches across schools, (communication referral pathway, level and availability of resources, parent engagement) each school addressing the issue of mental health in young people differently

- Family and Friends are the two key initial 'go to' groups if in need of support – important for resilience and supporting peer-to-peer networks
- GPs are the 'go to' service that young people are most aware of, therefore we need to make sure they are informed, educated and equipped around mental health in young people

Transitions

Young people face multiple and often simultaneous transitions as they move to adulthood (e.g. moving from school to higher or further education or work; leaving home or care; establishing partnerships and setting up families). There is strong evidence that mental health problems increase in frequency as young people leave the protective factor of living in the family home and begin to experience problems concerning housing, homelessness, welfare benefits, debt, employment and education. These problems can be compounded by being out of employment or education, or being socially isolated.

Service delivery

- Young people are prone to delaying or giving up seeking help. It is essential that when they do try to access a service, the experience is straightforward with options including drop-in sessions, telephone and web access.
- Young people's mental health services should include counselling/other psychological therapies together with advice, information and support relating to physical health (e.g. sexual health, substance misuse, smoking cessation and healthy eating), homelessness, employment and personal support (e.g. mentoring or befriending) as appropriate.

Advice for Commissioners

- Seek representative views from 18 to 24 year olds (including 18-19 year olds who are not in college) about the pace and scope of development of mental health services for their age group
- Identify options for developing easily accessible, person-focussed services in the community for young people, possibly up to the age of 25. These services should provide holistic support on a range of inter-related issues relating to personal circumstances as well as emotional wellbeing.

The Department for Education has issued non-statutory advice aimed at helping school leaders to set up and improve counselling services in primary and secondary schools. Their strong expectation is that over time all schools should make counselling services available to their pupils.

Smaller schools may wish to cluster together to contract for school based services. There are a wide range of delivery options for schools to consider. These delivery options include contracting individual counsellors directly, engaging with a Local Authority team of counsellors, contracting with a third party, for example within the voluntary sector, or paying for counsellors from child and adolescent mental health services.

Counselling is a mental health intervention that children or young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress and/or confusion. It can be particularly beneficial in helping to reduce the psychological distress that results, for example, from being bullied or from parental separation. It can also help to support young people who are having difficulties within relationships, for example with family or with friends, and young people who are having difficulty managing their emotions, such as anger.

The aims of counselling are to assist the child or young person to achieve a greater understanding of themselves and their relationship to their world, to create a greater awareness and utilisation of their personal resources, to build their resilience, and to support their ability to address problems and pursue personally meaningful goals.

There are a number of ways in which counselling may be used in schools, including to complement and support other services. The key areas are:

- as a **preventive intervention** for a child or young person showing emerging signs of behavioural change
- for **assessment purposes**, including identifying with the young person an appropriate way forward and goals that they may want to achieve
- as an **early intervention measure** to help the child or young person to address their problem(s) and reduce their psychological distress
- as **parallel support** alongside specialist mental health services, school counsellors helping to support the child or young person
- as **tapering or step down work** that consolidates the work of the specialist mental health service. Should the problem escalate, referral can operate between school counsellors and specialist mental health services

Counselling for young people with self-injury is also covered in the Self Injury JSNA

Advice for Commissioners - accessible counselling is a key intervention to reduce levels of self-injury

- All children and young people should have ready access to a counsellor in or close to their local school or college and counselling services should be set up where they do not currently exist
- Primary school counselling services should also cover pre-school children aged three and four
- Children's commissioners should define how primary and secondary school counselling services will work alongside specialist mental health services
- Design a survey (with advice from an independent practicing qualified applied psychologist who has expertise in both clinical and educational psychology) to identify and monitor the structure, content and capacity of counselling services accessible to all Cheshire primary and secondary school pupils.

Age distribution:

There were 9,239 referrals to CAMHS during 2013-14 and 2014-15. In addition 4,356 referrals to CWP Adult Mental Health (MH) Services were made for children and young people aged 24 and under during the same period. The first graph shows the transition of young people into the Adult MH Services. Although the majority of those referred into Adult MH services (58%) were to specialist services offering support for young people from their mid teens (such as Early Intervention in Psychosis and Criminal Justice Liaison) , nearly half were referred into general Adult MH services. The needs of people in their teens and early twenties starting out in life may be very different from older adults and the Adult Services may not be flexible enough to accommodate this.

Reasons for referral

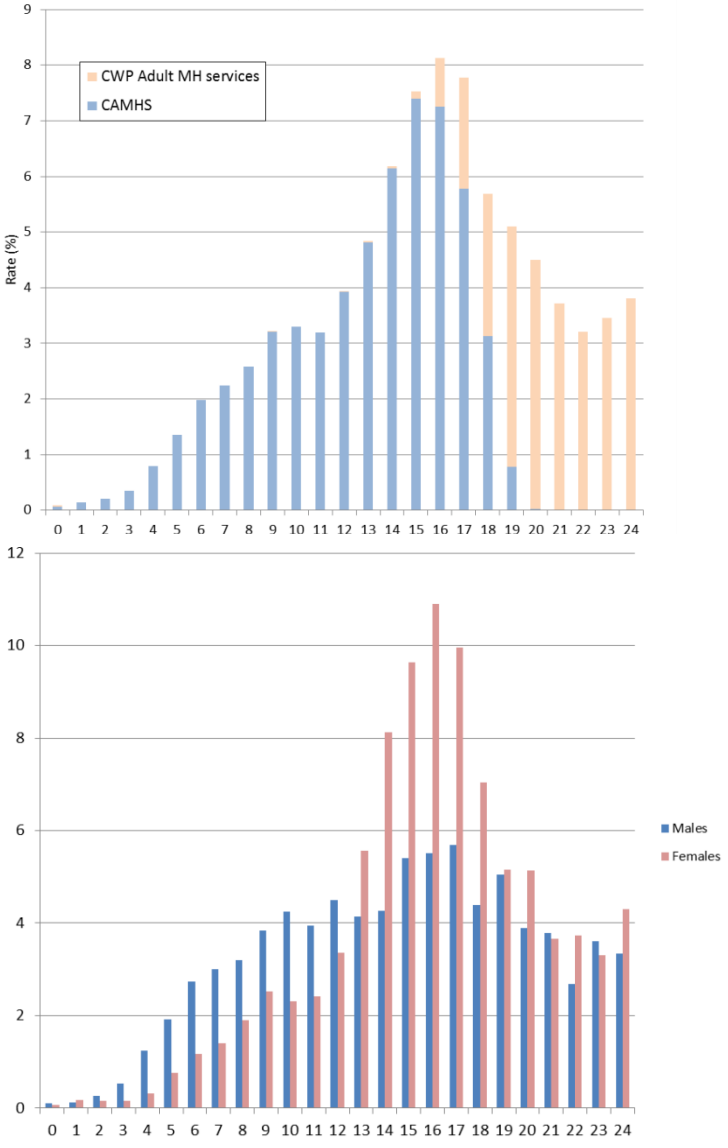
Within CAMHS the main reason for referral is Anxiety and Depression (16%), with behavioural problems at 10%. The top reasons for referral into the adult MH Services were: - overdose and deliberate self-harm (21%), Suicidal thoughts (11%), Anxiety/Depression (8%) and hearing voices (6%). 4% of referrals also had a Learning disability identified as well as a mental health problem.

Gender differences

There is a marked difference in referral rates between males and females. A higher proportion of boys are referred in the younger age groups, the majority of these early age referrals are for behaviour issues and global development delay. By teens the proportions reverse with higher referral rates in females which are largely due to anxiety and depression as well as for suicidal thoughts, deliberate self-harm and eating disorders.

The referral pattern by age is similar across the 4 CCGs. However, Eastern Cheshire refer more children in at a younger age, the majority of these are for Behavioural Problems and their age-specific rates are higher in almost all age groups across Cheshire.

Referral rates to into CAMHS and CWP Adult MH Services by age, 2013/14 – 2014/15



Data source: CWP CareNotes system
CAMHS data include CAMHS 0-16, CAMHS 16-19 and LD CAMHS

Service use and presenting needs on Kooth.com (Cheshire East residents)

Xenzone Kooth is an on-line free, confidential, safe and anonymous counselling service for 11-25 year olds. It was developed to provide help to young people most at risk and crucially, prevent them from entering the care system. It reaches the very vulnerable, many of whom would never have access to face-to-face counselling.

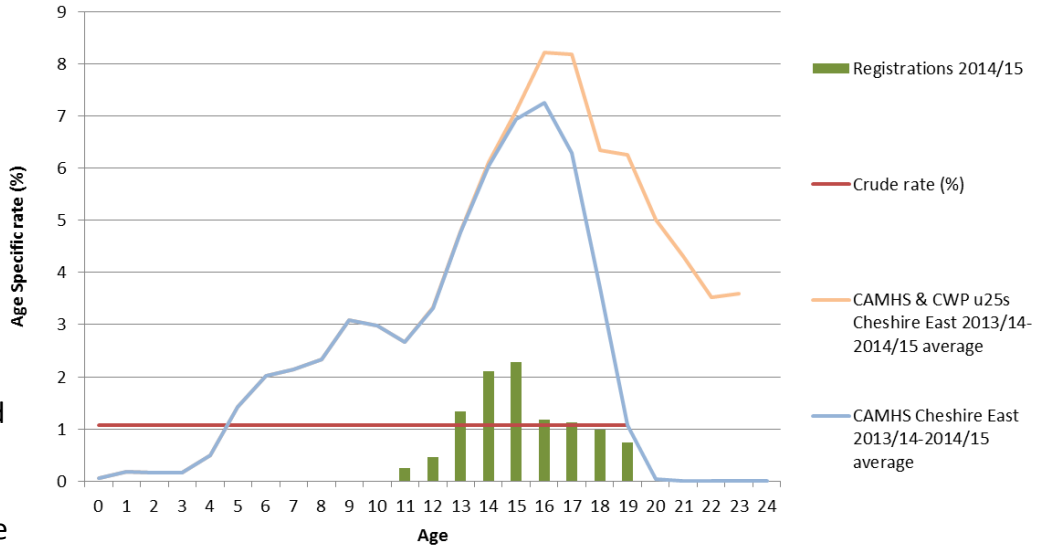
In Cheshire East 439 children and young people registered with the service during 2014/15, with 1189 active users across the year. 93% of active users were aged between 13-18, with 14 and 15 year olds forming the majority. Nearly 4.5 times more females (84%, 357) registered with the service than males (16%, 82). The proportion of registrations from black and minority ethnic groups is 7% (30), which is higher than the proportion within the general population (3.3%). 30% of registrations were from the Crewe area and nearly 7% from rural areas.

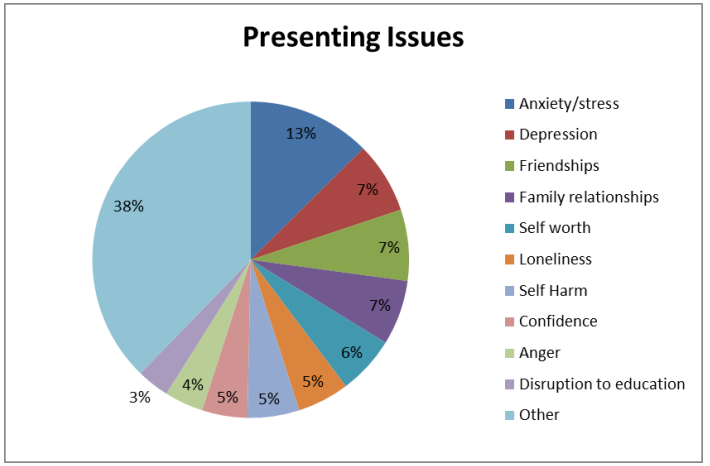
Cheshire West and Chester no longer commission Xenzone but Cheshire and Wirral Partnership Trust have developed 2 websites for Cheshire West and Chester residents; a MyMind website offering practical advice and self-help pages relevant to 5-19 year olds and a MyWell-being website offering online support for 5-19 year olds, including counselling for 11-19 year olds.

Kooth service use

Type of service accessed		Total	% of users
CHAT Counselling	Sessions	490	
	Users	252	21.2
	Ave sessions per user	1.9	
Counselling via MESSAGING	Messages	2571	
	Users	358	30.1
	Ave messages per user	7.2	
Moderated Peer Support (FORUMS)	Visits	2981	
	Users	260	21.9
	Ave visits per user	11.5	
Self-help pages	Visits	8141	
	Ave per users	6.8	

Age-specific population rates of children and young people registered on kooth.com compared to referral rates into CAMHS and Adult CWP services in Cheshire East





Data source: Kooth Q4 performance report for Cheshire East Council 2014/15

Service referrals and presenting needs in Visyon (Cheshire East residents)

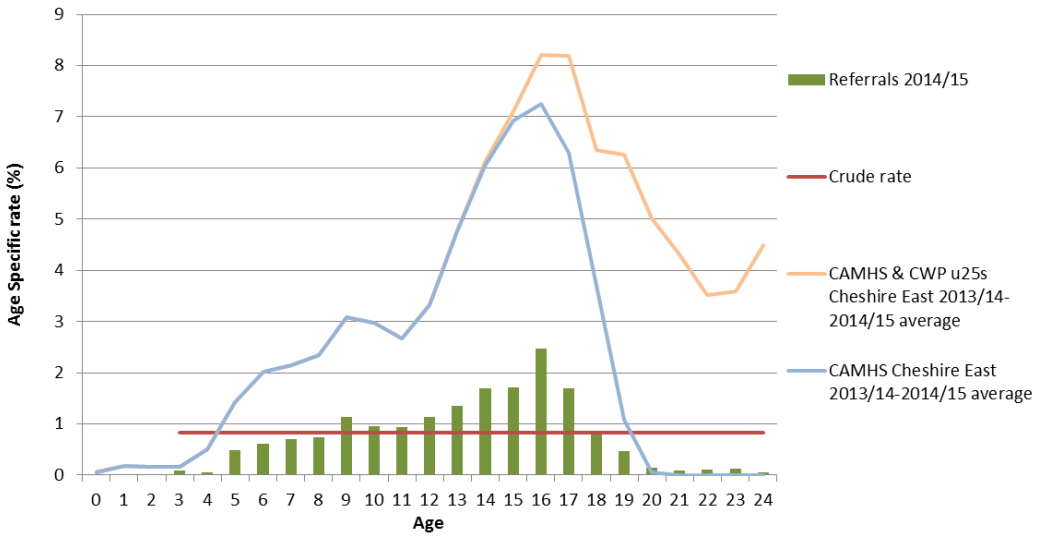
Visyon works in various locations in Cheshire East and North Staffordshire, providing a range of services to support the emotional health and wellbeing of children, young people between the ages of 4 and 25 and their families. Their services include: one-to-one therapy; therapeutic group work; family support work; therapeutic play; creative activities; mentoring; cognitive behavioural therapy; solution-focussed brief therapy; parent support groups for children and young people. They are commissioned via CAMHS to provide a small number of one to one counselling sessions for 15-19 year olds in Eastern Cheshire CCG.

There were 739 referrals during 2014/15 for under 25s, 46% were for counselling. The split between males and females is more even (55% females) with a small number of transgender. Where ethnicity is recorded (28%), 96% are white, in line with proportions within the general population (BME 3.3%).

Presenting needs

Number of issues	Number of contacts	%
Not recorded	2187	61.8
1	190	5.4
2	378	10.7
3	383	10.8
4	218	6.2
5	82	2.3
6	50	1.4
7	19	0.5
8	12	0.3
9	6	0.2
10	11	0.3
	3536	

Age-specific referral rates for Visyon compared to referral rates into CAMHS and Adult CWP services in Cheshire East



Almost a third of referrals are from parents, with school at 15% being the second biggest source recorded, followed by referrals from CAMHS (106,14%). The reasons for referral are varied and the distribution is affected by gender and age.

Of the resultant 3536 contacts, only 38% had associated issues recorded. Anxiety is the most common issue (in 19% of all contacts) and the most common referral reason (Issue 1). Self-esteem is the second most common (in 16% of contacts) but this is usually recorded as a secondary issue (Issue 3 or 4). Then follows Family/ parent issues (15% of contacts) and Relationships (11% of contacts). Anger is the second most common referral reason (Issue 1).

Only 26% of referrals had no geographical data available. Of those where it was recorded: Congleton 23%, SMASH 19%, Crewe 17%, Macclesfield 16%, Wilmslow 9%, Nantwich 4%, Poynton 3% and Knutsford 3%.

Data source: Visyon case management database

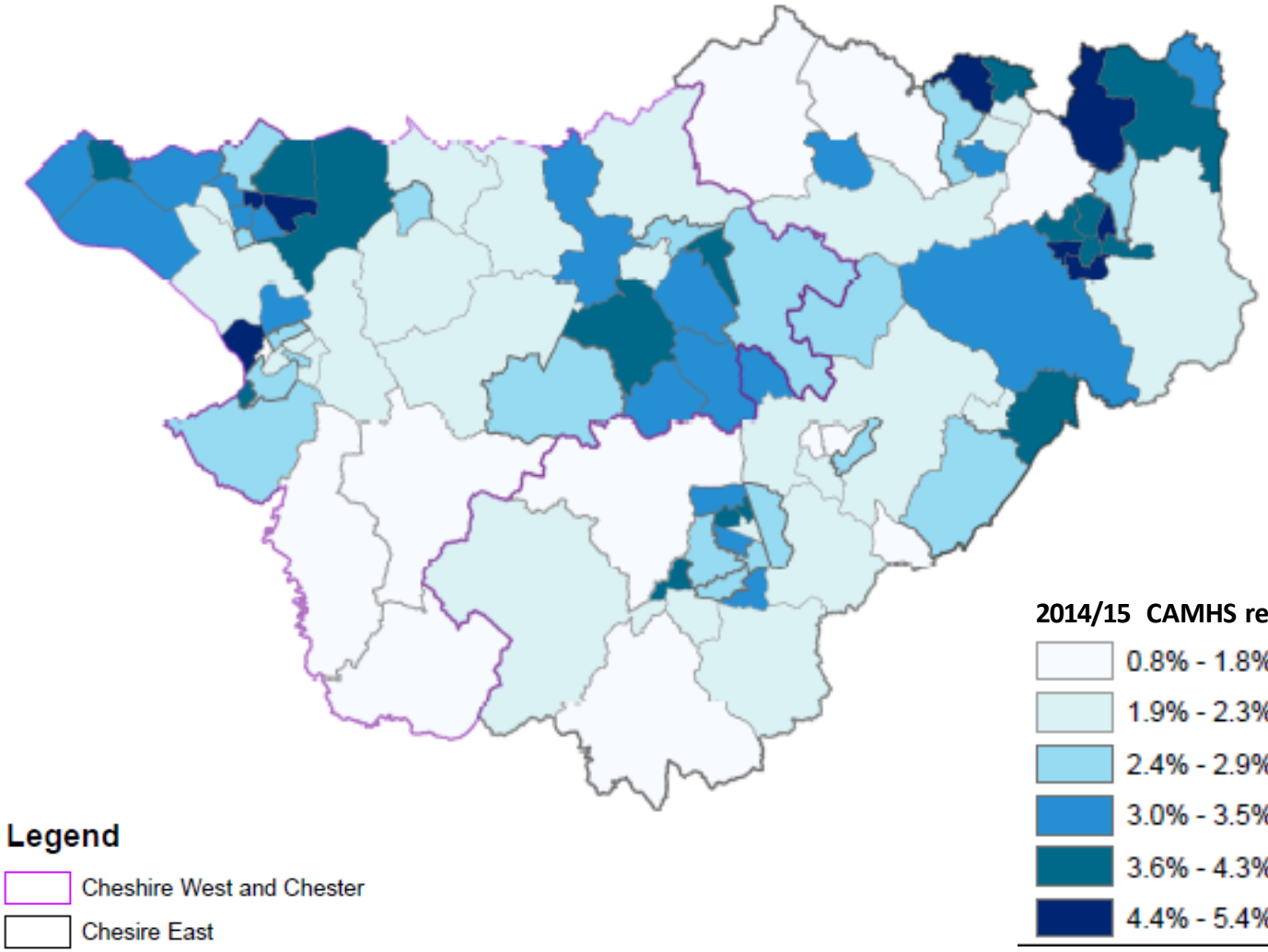
Highest referral rates are from **Ellesmere Port, Macclesfield, Poynton, and parts of Crewe**, **Chester, Winsford** and **Wilmslow**.

The level of mismatch between estimated need and service access is outlined in more detail on page 16.

CAMHS diagnose children and young people with ADHD and ASD living in Eastern Cheshire CCG only. These referrals are included in the referral rates shown. Community paediatrics provide this service in the other 3 CCG areas (see overleaf).

Eastern Cheshire CCG referral rates also include some referrals to CAMHS which are logged, triaged and then passed to Visyon.

CAMHS referral rates by Cheshire electoral wards 2014/15



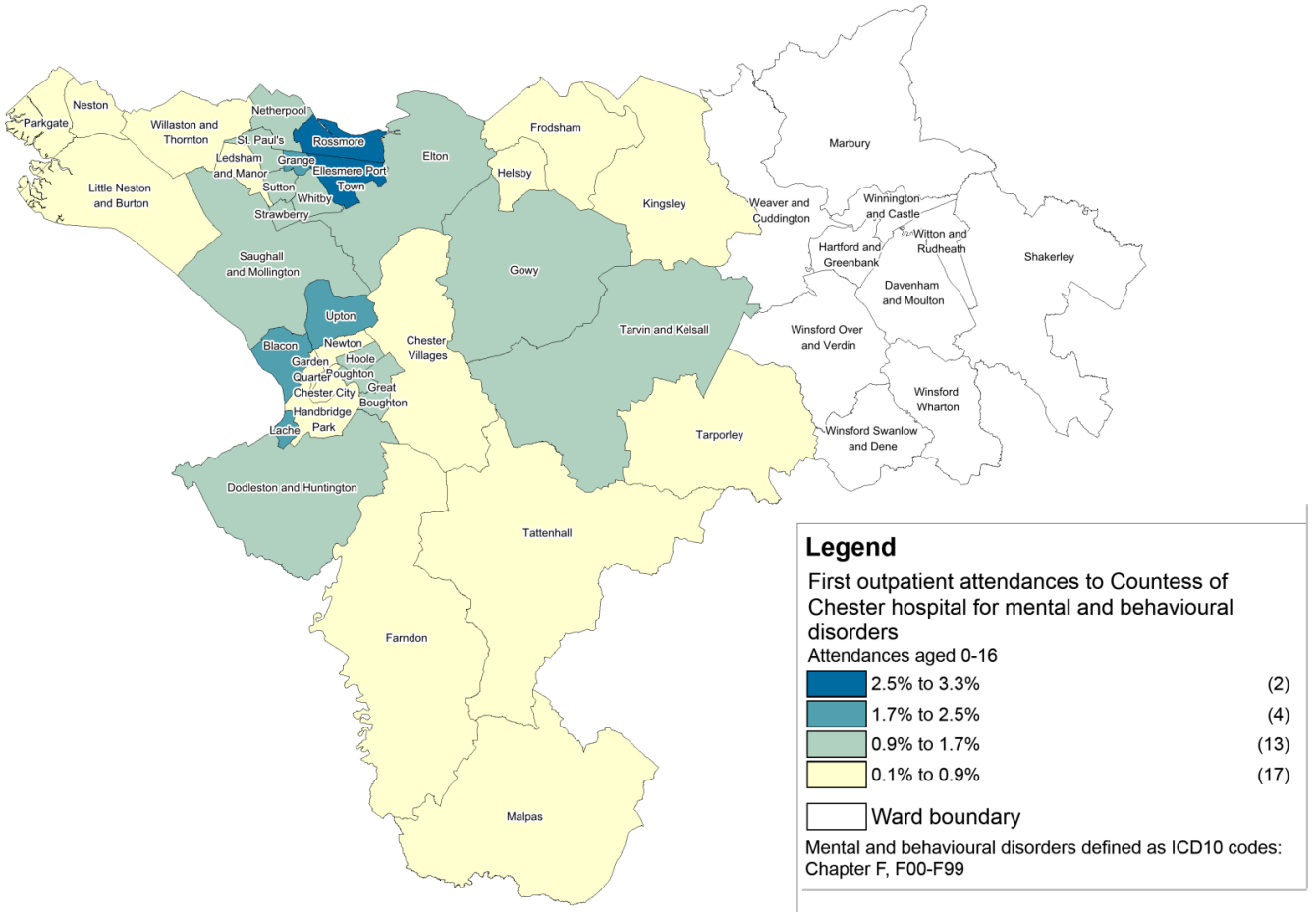
Data source: CAMHS referral data from CWP CareNotes system (CAMHS data include CAMHS 0-16, CAMHS 16-19 and LD CAMHS)

Countess of Chester community paediatrics first outpatient attendance rates by Cheshire West and Chester electoral wards (2014 - 2015)

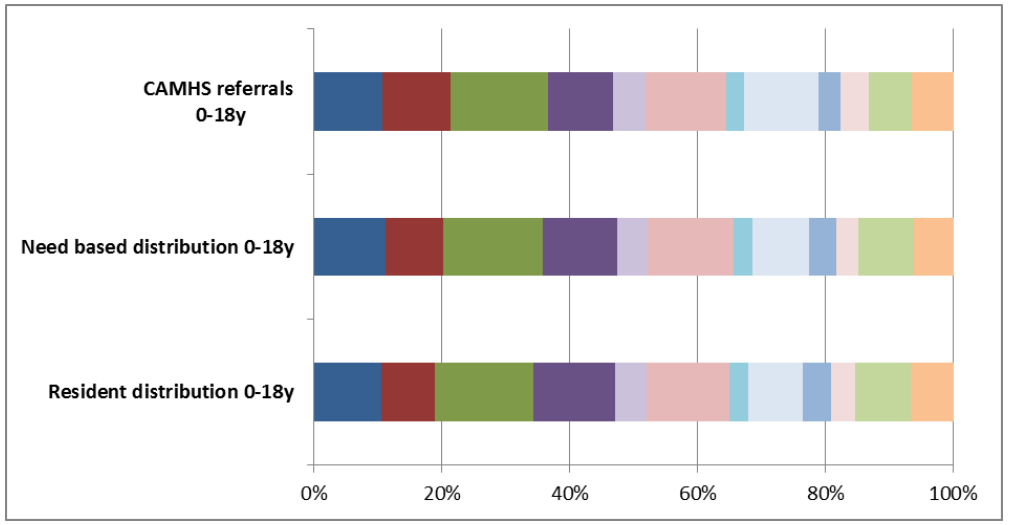
Countess of Chester Hospital (COCH) community paediatrics receive referrals to assess behaviour difficulties, ADHD and ASD for children and young people living in West Cheshire CCG area. They offer medication for ADHD and for sleep. Some of these children and young people may also be referred to CAMHS, particularly those with autism.

During 2014-15, there were 642 first outpatient attendances. Highest attendance rates were from **Rossmore**, **Ellesmere Port Town, Grange, Upton, Blacon and Lache**.

Children and young people living in wards within Vale Royal CCG and South Cheshire CCG attend Mid Cheshire Hospital Trust (MCHT) community paediatrics for ADHD and ASD diagnosis. In 2014/15 there were approximately 130 new ADHD assessments and 200 new ASD assessments across both CCG areas.



Data source: Hospital Episode Statistics, Health and Social Care Information Centre. Contains Ordnance Survey data ©Crown and copyright database rights 2016. License no: 100049046



	Resident distribution 0-18y	Need based distribution 0-18y	CAMHS referrals 0-18y
Chester	10.6%	11.1%	10.8%
Ellesmere Port	8.3%	9.2%	10.5%
Northwich and Winsford	15.4%	15.5%	15.4%
Rural	12.8%	11.7%	10.1%
Congleton	4.9%	4.7%	5.1%
Crewe	12.8%	13.5%	12.7%
Knutsford	3.0%	2.9%	2.8%
Macclesfield	8.5%	8.8%	11.7%
Nantwich	4.4%	4.3%	3.3%
Poynton	3.7%	3.5%	4.5%
SMASH	8.8%	8.6%	6.8%
Wilmslow	6.6%	6.2%	6.5%

SMASH = Sandbach, Middlewich, Alsager, Scholar Green and Haslington Primary Health and Social Care Area
Percentages may not add to 100 due to rounding

The first column in the table illustrates the distribution of the under-18 resident population of Cheshire between twelve general practice cluster areas.

The second column adjusts these under-18 populations to take into account differences in family structure in the twelve areas, based on data from the 2011 Census and the 2004 national survey of the mental health of children and young people, which found that children from lone parent families were about twice as likely as the children of couple parent families to have a mental health problem. This suggests that **there are likely to be increased levels of mental health needs in children and young people in Chester, Ellesmere Port, Crewe and Macclesfield**. It does not take into account additional factors such as language and ethnicity.

The final column shows the distribution of area of residence of children and young people who were referred to child and adolescent mental health services in 2014/15. **The greatest differences between levels of referrals and levels of need are in Macclesfield** (32.2% higher), **Poynton** (25.9% higher), **Ellesmere Port** (14.6% higher), **SMASH** (21.2% lower), **Nantwich** (22.3% lower) **and Rural** (13.8% lower). Referrals in all the other areas including Crewe are within 7.5% of levels of need. **This suggests a possible need to redistribute referrals from areas such as Macclesfield and Poynton to areas such as SMASH and Nantwich**.

CCG transformation plans

There was a national requirement for all Clinical Commissioning Groups (CCGs) to submit local transformation plans for children and young people's mental health and wellbeing during 2015/16. This page summarises the key objectives included in the Cheshire plans and a summary of 2014/15 investment. There is an expectation that the plans are reviewed and developed as part of mainstream planning processes during 2016/17 and beyond.

Key action points from transformation plans

- Improve emotional wellbeing, mental health & self-esteem including for the most vulnerable
- Proactively identify children and young people with mental health needs and their root causes or vulnerabilities
- Develop a well-trained, confident workforce for early intervention
- Build capacity and capability across the system including securing extra commissioning capacity to redesign CAMHS by 2017
- Apply the "THRIVE" model to assessment and stratification
- Develop nine pathways for eating disorders, self-harm, behavioural disorders, neurodevelopmental disorders, perinatal mental health, depression, anxiety, psychosis, learning disability
- Develop evidence based community Eating Disorder services for children and young people with capacity release to improve self-harm and crisis services, and expand current street triage
- Roll out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT) so that by 2018 CAMHS are delivering a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide treatment and service design
- Develop child and adolescent mental health services on a place base (the geographies of secondary schools)
- Develop school-based teams to identify and support those with mental health needs to access appropriate pathways

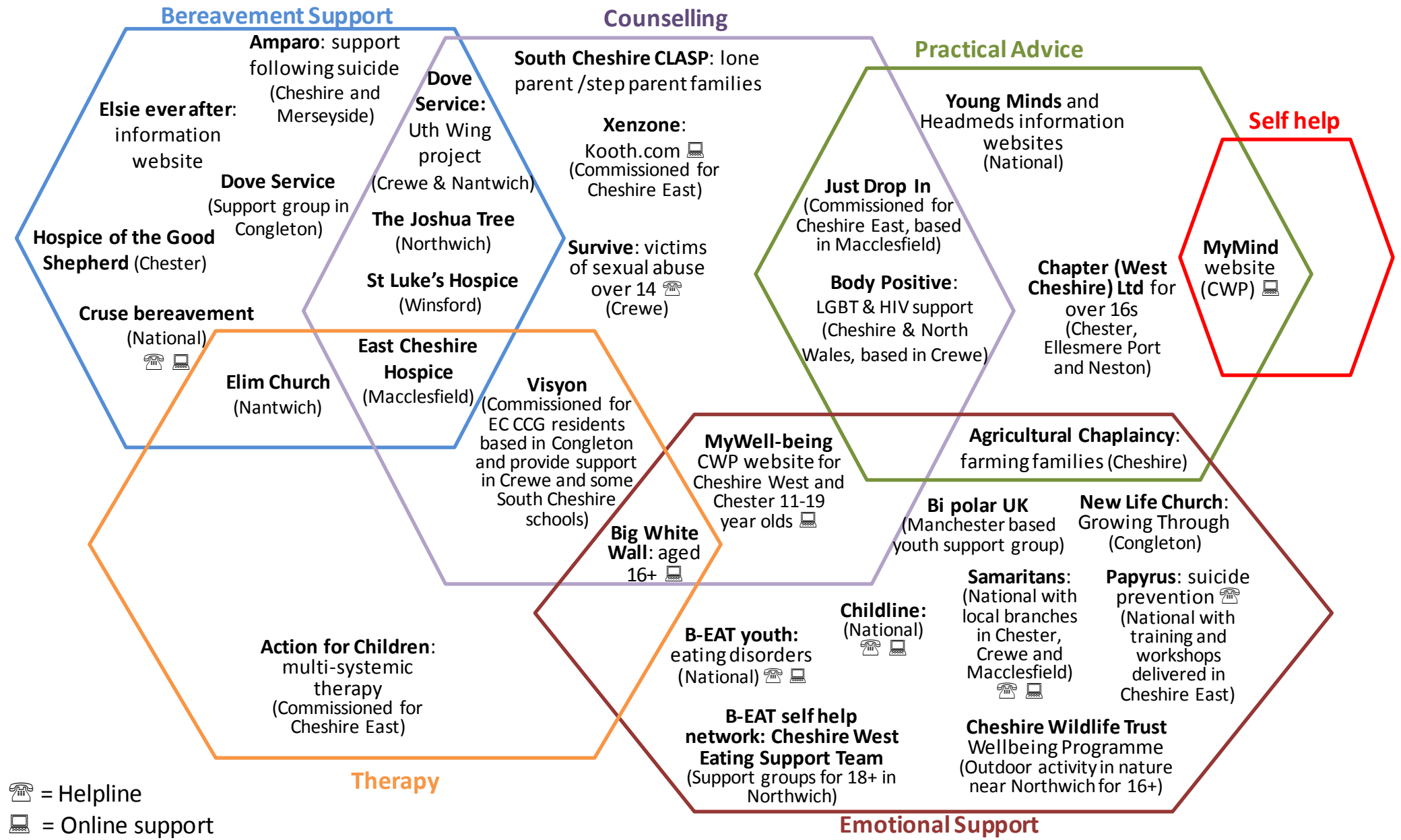
CHESHIRE WEST & CHESTER - CURRENT INVESTMENT IN 2014/15		
NHS West Cheshire CCG	1,900,000	32%
NHS Vale Royal CCG	975,000	16%
NHS England	662,000	11%
CWAC Children's*	2,474,500	41%
CWAC Public Health	Nil	0%
	£6,011,500	

*Evidence based interventions, Family Service, Youth Work, Third Sector

CHESHIRE EAST - CURRENT INVESTMENT IN 2014/15		
NHS South Cheshire CCG	1,105,100	23%
NHS Eastern Cheshire CCG	1,897,400	39%
NHS England	1,072,000	22%
Cheshire East Children's*	509,800	10%
Cheshire East Public Health	300,000	6%
	£ 4,884,300	

* Multisystemic Therapy, Online Support (Xenzone : Kooth.com), Third Sector (Visyon/ Just Drop In)

ADDITIONAL RECURRENT INVESTMENT IN 2014/15		
NHS West Cheshire CCG	496,500	+20%
NHS Vale Royal CCG	195,600	+26%
NHS South Cheshire CCG	342,700	+31%
NHS Eastern Cheshire CCG	382,700	+20%
Total	**£ 1,417,500**	+13%



☎ = Helpline

💻 = Online support

"Future in Mind" calls for a move away from this tiered structure to new models based on a seamless pathway of care and support, which can address the diversity of circumstances and reasons with which families and young people approach mental health services.

One example of a more flexible needs-based model for structuring child and adolescent mental health services is the "THRIVE" model. The term is used to represent a core commitment to provision that is Timely, Helpful, Respectful, Innovative, Values-based and Efficient.

Coping

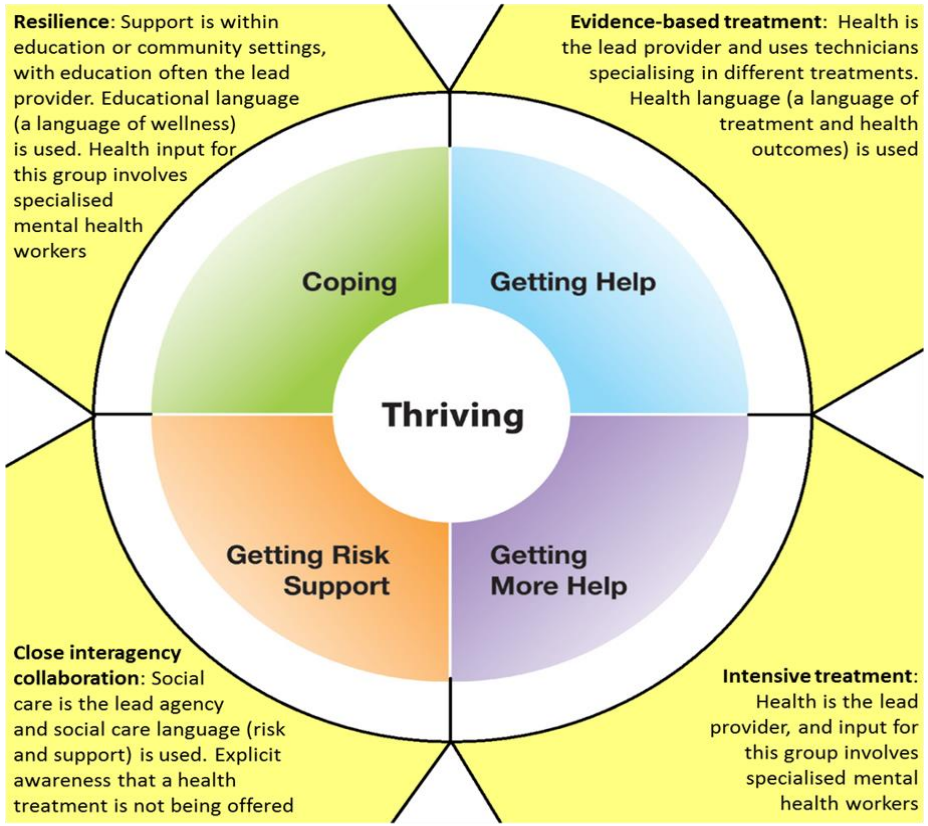
They just need one or a few contacts, enough to normalise their behaviour and reassure families that they are doing the right things to resolve the problem. It includes young people and families adjusting to life circumstances, or with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. It may also include those with fluctuating or ongoing difficulties where they are choosing to manage their own health or are on the road to recovery.

Getting Risk Support

This group includes young people and families who are currently unable to benefit from evidence-based treatment but who remain a significant concern and risk. It includes young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference. It also includes those who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Support for young people in educational and local community settings

Systematic access and provision for the main treatment pathways



Manage high levels of risk and make sure support is available

Intensive healthcare support for very complex needs

Getting Help

This group includes children, young people and families who receive evidence-based treatment based on National Institute for Health and Care Excellence guidance. Most will be seen for less than twelve face-to-face meetings, whether in schools, clinics or the community. Treatment involves explicit agreement at the outset as to what a successful outcome would look like, how likely this is to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

Getting More Help

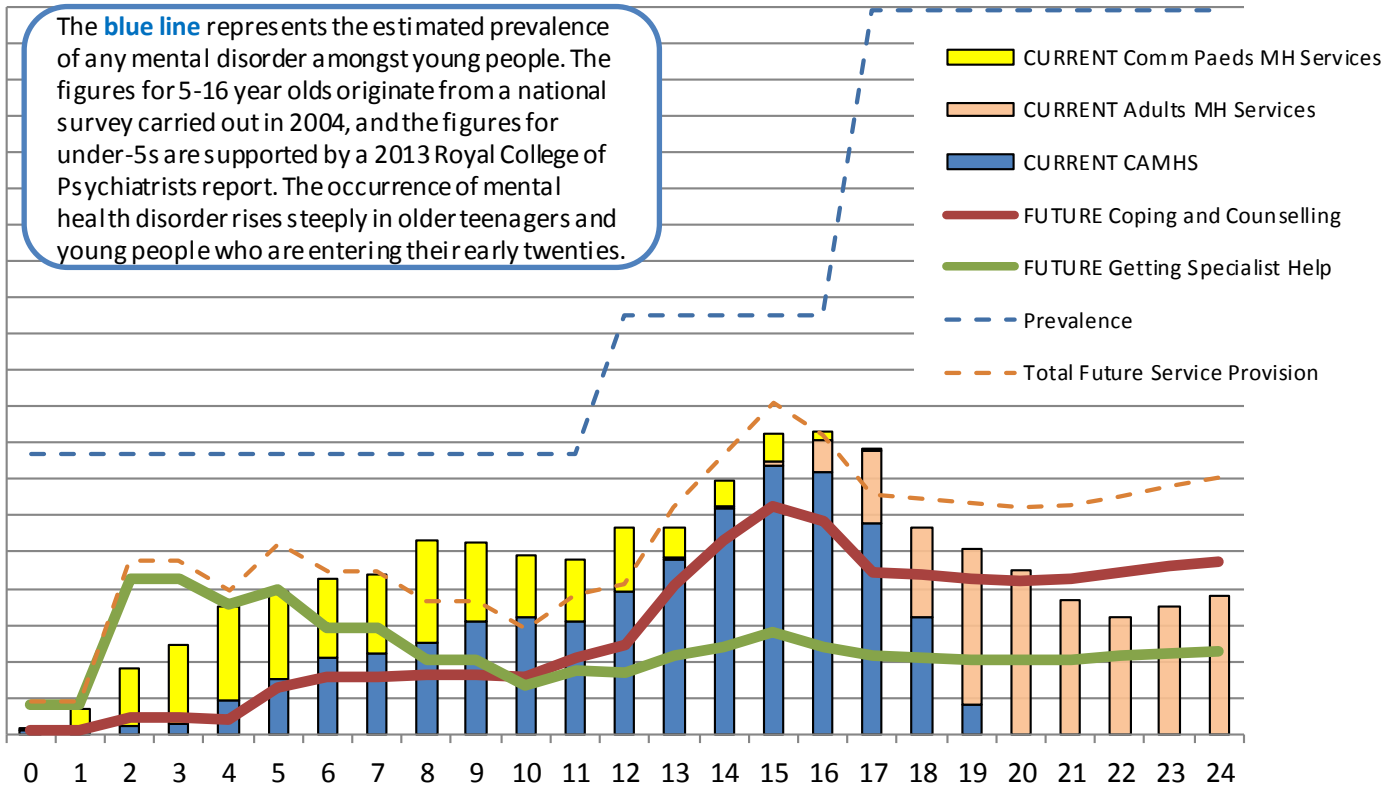
This group includes young people and families who would benefit from extensive or complex treatment including long-term outpatient provision and inpatient care. Young people with psychosis, eating disorders and emerging personality disorders are among those who are likely to require significant input. Individualised care pathways will need to be developed for some of these young people.

A possible future service model

The possible future service model presented on this page is for illustrative purposes. Further work could be done to develop the detail in order to inform commissioning decisions.

The stacked bars illustrate current service referrals (excluding referrals to voluntary, community and faith sector organisations). The referral rates by age are based on combined data for all of the four CCGs in Cheshire. However, it is worth noting that each CCG has its own pattern of service referrals by age.

The red and green lines illustrate a possible future scenario; the model shows a shift in the age distribution of service users.



Getting Specialist Help . The **green line** represents the potential age distribution for a co-ordinated range of evidence-based mental health treatments that could be provided by specialist mental health services. Early intervention for a high proportion of under-5s would be a defining feature of future services. Access rates by teenagers would be significantly lower than in current specialist service provision. This model also includes maintaining a mental health service offer for young people entering into their twenties.

Coping and Counselling. The **red line** represents the potential age distribution for a cohesive offer of geographically accessible self-help, support and counselling services that could be provided by schools and the voluntary sector working together. Timely support, counselling and psychosocial treatments for anxiety disorders and behavioural problems in children and young people, and dark thoughts in teenagers, would be a key feature of this future service offer. Although this offer would be different to NHS mental health services, there would be clear pathways to CAMHS specialists. Older age groups would also be given support to access IAPT services where appropriate.

Opportunities for improvement / advice for commissioners

- Commission initiatives to **prevent mental health conditions** developing:
  - Review performance and outcomes of existing **Early Years initiatives** for children who are eligible for free school meals and maintain a comprehensive range of initiatives that are accessible to young children in all geographical areas
  - Improve the **emotional wellbeing of looked after children**
  - Commission selective prevention programmes for **young children at high risk of conduct disorder**
  - Reduce **school bullying** and provide support for **sexual orientation** and other worries
  - Encourage active participation of pupils in **sports and other forms of regular exercise**
  - Support parents to promote **good sleep patterns** and **reduce gaming and social communication** at night time
- Develop a mental health **system without tiers** and pilot elements of the **THRIVE model** to care and support
- **Raise awareness** of children and young people and their parents of how to access local services, including school-based support, services provided by the voluntary sector and the reliable and accurate **online resources** available
- **Diagnose and treat** young children with mental health problems during their second year of life
- Support for children and young people should be provided in a **variety of age-appropriate locations** close to where they live including children's centres, youth support hubs, general practices, schools, colleges or at home. The support available could include:
  - all children and young people (including pre-school children aged three and four) having **ready access to a counsellor** (with the need to overcome pupil's current dislike of special areas designated to mental health in schools/colleges or reluctance to approach pastoral staff)
  - **bringing together all emotional health and wellbeing services for young people**, possibly up to the age of 25. Youth information, advice and counselling services should provide social welfare legal advice alongside mental health interventions in accessible young person friendly settings. Services should not be located in buildings associated with authority or with services that carry stigma.
  - **peer support**
  - enabling young people to **transition to adult mental health services** when it is right for them as an individual
- The **voluntary sector should be a key part of any local offer** with sufficient capacity being commissioned to meet needs and an increased number of one-stop-shop services based in local communities
- All school-based and voluntary sector counsellors for children and young people having **access to CYP-IAPT training** and all school staff having the **training, tools and resources** to talk about mental health, identify and support pupils with mental health problems, **particularly self-injury**

Further information:

- Cheshire East Annual Public Health Report 2015: Supporting the mental health of children and young people in Cheshire East
- Cheshire East Community JSNA mental health project 2014: https://www.cvsce.org.uk/joint-strategic-needs-assessment-jsna/mental-health

What we don't know but would like to know…

- **Data from CAMHS** on the needs and outcomes of children and young people referred to and accessing their services
- **Data from Mid Cheshire Hospital Trust (MCHT)** on children and young people referred to and accessing Community Paediatrics for ADHD (and autism spectrum disorder), including which CCG they live in and age at point of referral
- **Data** on usage and presenting needs of the **MyMind** and **MyWell-being** websites commissioned in Cheshire West and Chester
- The **quality** and **capacity** of school-based **counselling and emotional health and wellbeing services**
- **Outcomes** and how well the needs for children and young people with mental health conditions are being met, including those with additi onal or more complex needs such as learning disabilities
- The extent to which children and young people with **physical health problems** have ready access to psychological support to improve their resilience and prevent psychological difficulties arising

Version control

Publication date	Changes made	Sign-off
August 2016	New JSNA section created	Guy Hayhurst & Helen Bromley (Public Health)
September 2016	Minor amendments to commentary on possible future service model (p.20)	

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Estimated occurrence of mental health problems

	Age	CCGs				LA		
		WCCCG	VRCCG	SCCCG	ECCCG	Cheshire West	Cheshire East	Cheshire
PERINATAL MENTAL HEALTH	women affected	754-1234	339-555	584-956	582-953	1039-1789	1166-1909	2259-3698
CONDUCT DISORDER	3-16	1952	950	1615	1678	2902	3292	6194
	new onsets annually	168	76	139	132	244	270	515
PSYCHOTIC DISORDERS	12-24	115	47	91	79	162	170	332
	new onsets annually	11	4	8	7	15	16	31
EATING DISORDERS	10-19	178	86	145	148	263	293	557
	new onsets annually	16	6	13	12	22	25	47
ADHD	3-24	828	379	679	651	1207	1330	2537
	new onsets annually	40	21	33	34	61	67	128
ANXIETY DISORDERS	5-24	1948	847	1554	1444	2795	2998	5793
	new onsets annually	97	42	78	72	140	150	290
TOURETTE SYNDROME	5-18	349	168	291	296	518	588	1106
DEPRESSIVE DISORDERS	5-24	1985	855	1586	1454	2840	3040	5879
	new onsets annually	99	43	79	73	142	152	294
SELF-INJURY BEHAVIOUR	12-24	1441	638	1094	1174	2080	2268	4347
	self-injuries annually	4497	2069	3598	3730	6566	7328	13894
AUTISM SPECTRUM DISORDER	babies affected annually	36	16	28	28	53	56	109
SUBSTANCE USE DISORDERS	11-15 tried drugs	1660	1576	911	1921	3236	2832	6068
	16-19 'lower risk' drinkers	5297	5848	3170	7271	11145	10440	21585

Data source: Prevalence estimates taken from: Green et al, Mental health of children and young people in Great Britain,2004; Adult psychiatric morbidity in England, 2007; Fonagy et al, What works for whom – a critical review of treatments for children and adolescents (2nd edition)

Service referrals (actuals)

		CCGs				LA		
		WCCCG	VRCCG	SCCCG	ECCCG	Cheshire West	Cheshire East	Cheshire
CAMHS: CWP	referrals annually age 0-24	1503	723	1040	1355	1763	2857	4620
MH Adult Service: CWP	referrals annually age under 25	694	282	618	585	900	1278	2178
Visyon	referrals annually age 0-24	N/A	N/A	242	321	N/A	563	563
Community paediatrics: COCH	1st Attendances annually	642	N/A	N/A	N/A	642	0	642
Community paediatrics: MCHT	New assessments annually	N/A	332*		N/A	332*		332

CWP: Cheshire and Wirral Partnership **COCH**: Countess of Chester Hospital **MCHT**: Mid-Cheshire Hospital Trust * Unable to split MCHT figures